

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

41651

1. PLACE OF DEATH

County Morgan
Township Stover
City Stover (No. _____)

Registration District No. 919
Primary Registration District No. 4661

File No. _____
Registered No. 120
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sydney R Marriott

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 27-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 2 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work house wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Versailles, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Jefferson Heiff

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Versailles Mo

12. MAIDEN NAME OF MOTHER Elizabeth Fair

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

14. INFORMANT Sydney R Marriott
(Address) Stover Mo

15. FILED Jan 11 1933 Miss Gipperger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 21-1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1931, to Dec 21, 1931. that I last saw her alive on Dec 15, 1931, and that death occurred, on the date stated above, at 4-30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Phenitric effusion
50
1700 B
(duration) yrs. 1 mos. 20 ds.
CONTRIBUTORY Carcinoma of breast
(SECONDARY)
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

1 DID AN OPERATION PRECEDE DEATH? yes DATE OF July 21-31
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical history
(Signed) A J Guern M. D.

12-22, 1931 (Address) Versailles, Mo.
*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stover Cemetery DATE OF BURIAL Dec 22 1931

20. UNDERTAKER CR Rapp & Son ADDRESS Stover, Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WHITE PLAIN, WITH CHANGING HERE-THIS IS A TELETYPE RECORD

